

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION			INCIDENT INFORMATION		
NAME (LAST - FIRST - M.I.) <b>MEEHAN, MATTHEW J</b>			<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR		
STAR NO. <b>17864</b>			ADDRESS OF OCCURRENCE <b>2005 W 69TH ST</b>		
POSITION <b>POLICE OFFICER</b>			CITY <input checked="" type="checkbox"/> CHICAGO		STATE (If outside Chicago)
DATE OF APPOINTMENT <b>04-NOV-2013</b>			LOCATION CODE <b>304-STREET</b>		BEAT OF OCCURRENCE <b>0735</b>
UNIT OF ASSIGNMENT <b>007</b>			DATE OF OCCURRENCE <b>18-NOV-2016</b>		TIME <b>23:49:00</b>
SEX [ ] 1. M    [ ] 2. F			RACE <b>WHITE</b>		DOB [REDACTED]
HEIGHT <b>600</b>			WEIGHT <b>155</b>		
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED					
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____ <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____			WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		
TYPE OF ACTIVITY					
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input checked="" type="checkbox"/> G. DISTURBANCE - OTHER <input checked="" type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____					
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____					
<input type="checkbox"/> K. OTHER					
TYPE OF INJURY TO OFFICER					
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE					
LIGHTING CONDITIONS AT INCIDENT					
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD					
MANNER OF ATTACK					
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)					
TYPE OF WEAPON/THREAT					
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>9 MM</b> <input type="checkbox"/> 1. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <b>/OFFENDER DISCHARGING FIREARM</b>					
FIREARM USE INFORMATION					
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON					
OFFENDER INFORMATION					
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		RACE <b>BLACK</b>		DOB <b>04-MAR-1990</b>	
CB NO.			IR NO.		
WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?      GANG RELATED?					
<input type="checkbox"/> 1. YES		<input type="checkbox"/> 1. YES			
<input type="checkbox"/> 2. NO		<input type="checkbox"/> 2. NO			
<input checked="" type="checkbox"/> 3. UNKNOWN		<input checked="" type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <b>1</b>					
WEATHER CONDITIONS					
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND					
APPROXIMATE OUTDOOR TEMPERATURE: <b>40°F</b>					

REPORTING MEMBER - SIGNATURE  
MEEHAN, MATTHEW J

STAR NO.  
17864

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.  
O DONNELL, JAMES C 13